

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: <input checked="" type="checkbox"/> HCP <input type="checkbox"/> IE <input type="checkbox"/> IC	Response Timely Filed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Requestor's Name and Address Fondren Orthopedic Group 7401 S. Main Houston, TX 77030	MDR Tracking No.: M4-04-3817-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address Texas Mutual Insurance Co. Box 54	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.: 99D0000341898

PART II: SUMMARY OF DISPUTE AND FINDINGS (Details on Page 2, if needed)

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
05/06/03	05/06/03	29874	\$1,012.00	

PART III: REQUESTOR'S POSITION SUMMARY

The requestor did not submit a position summary; however, their request for reconsideration, dated 07/11/03, states in part "...Procedure 29874 was denied as global to either 29877 or 29876. We have thoroughly researched all the procedures performed. According to the AAOS procedure code 29874 is not global to either code..."

PART IV: RESPONDENT'S POSITION SUMMARY

Position Summary dated 12/2/03 states in part "...It is this carrier's position the charge in dispute is global to code 29877 and 29876... the Global Service Data for Orthopaedic Surgery included 'incidental removal of loose bodies or surgical debris (e.g., code 29874)' in the global service package. Additionally the removal of the loose bodies WAS NOT through a separate incision from the incisions for which reimbursement has been made."

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

- CPT Code 29874 for date of service 05/06/03 denied as "G". The requestor billed CPT Codes 29880-RT, 29876-51-RT and 29877-51-RT. The 1996 MFG/Surgery Ground Rule (I)(A)(1) is a guide for the global fee concept. Per the 1994 Global Service Data for Orthopaedic Surgery this code is global to all other codes billed; therefore, reimbursement is not recommended.

PART VI: DETAIL FINDINGS (If needed)

Date of Service	CPT Code	Amount in Dispute	Amount Due	Date of Service	CPT Code	Amount in Dispute	Amount Due
5/6/2003	29874	\$1,012.00					
				Total Left Column:			\$1,012.00
				Total Amount Due:			\$0.00

PART VII: COMMISSION DECISION AND ORDER

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is not entitled to reimbursement.

Ordered by:

Marguerite Foster

01-13-05

Authorized Signature

Typed Name

Date of Order

PART VIII: YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. A request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within 20 (twenty) days of your receipt of this decision (28 Texas Administrative Code § 148.3). This Decision was mailed to the health care provider and placed in the Austin Representatives box on _____. This Decision is deemed received by you five days after it was mailed and the first working day after the date the Decision was placed in the Austin Representative's box (28 Texas Administrative Code § 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, P.O. Box 17787, Austin, Texas, 78744 or faxed to (512) 804-4011. A copy of this Decision should be attached to the request.

The party appealing the Division's Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

Si prefiere hablar con una persona in español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

PART IX: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Decision and Order in the Austin Representative's box.

Signature of Insurance Carrier: _____ Date: _____